

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/720629** FILING DATE

APPLICANT(S)

CLAIMS

| AS FILED | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      | *            | * | * |  |
|----------|------------------------|------|------------------------|------|--------------|---|---|--|
|          | IND.                   | DEP. | IND.                   | DEP. |              |   |   |  |
| 1        |                        |      |                        |      | 51           |   |   |  |
| 2        | 1                      |      |                        |      | 52           |   |   |  |
| 3        | 1                      |      |                        |      | 53           |   |   |  |
| 4        | 1                      |      |                        |      | 54           |   |   |  |
| 5        | 4                      |      |                        |      | 55           |   |   |  |
| 6        | 4                      |      |                        |      | 56           |   |   |  |
| 7        | 4                      |      |                        |      | 57           |   |   |  |
| 8        | 1                      |      |                        |      | 58           |   |   |  |
| 9        | 1                      |      |                        |      | 59           |   |   |  |
| 10       | 1                      |      |                        |      | 60           |   |   |  |
| 11       | 1                      |      |                        |      | 61           |   |   |  |
| 12       | 1                      |      |                        |      | 62           |   |   |  |
| 13       | 1                      |      |                        |      | 63           |   |   |  |
| 14       |                        |      |                        |      | 64           |   |   |  |
| 15       |                        |      |                        |      | 65           |   |   |  |
| 16       |                        |      |                        |      | 66           |   |   |  |
| 17       |                        |      |                        |      | 67           |   |   |  |
| 18       |                        |      |                        |      | 68           |   |   |  |
| 19       |                        |      |                        |      | 69           |   |   |  |
| 20       |                        |      |                        |      | 70           |   |   |  |
| 21       |                        |      |                        |      | 71           |   |   |  |
| 22       |                        |      |                        |      | 72           |   |   |  |
| 23       |                        |      |                        |      | 73           |   |   |  |
| 24       |                        |      |                        |      | 74           |   |   |  |
| 25       |                        |      |                        |      | 75           |   |   |  |
| 26       |                        |      |                        |      | 76           |   |   |  |
| 27       |                        |      |                        |      | 77           |   |   |  |
| 28       |                        |      |                        |      | 78           |   |   |  |
| 29       |                        |      |                        |      | 79           |   |   |  |
| 30       |                        |      |                        |      | 80           |   |   |  |
| 31       |                        |      |                        |      | 81           |   |   |  |
| 32       |                        |      |                        |      | 82           |   |   |  |
| 33       |                        |      |                        |      | 83           |   |   |  |
| 34       |                        |      |                        |      | 84           |   |   |  |
| 35       |                        |      |                        |      | 85           |   |   |  |
| 36       |                        |      |                        |      | 86           |   |   |  |
| 37       |                        |      |                        |      | 87           |   |   |  |
| 38       |                        |      |                        |      | 88           |   |   |  |
| 39       |                        |      |                        |      | 89           |   |   |  |
| 40       |                        |      |                        |      | 90           |   |   |  |
| 41       |                        |      |                        |      | 91           |   |   |  |
| 42       |                        |      |                        |      | 92           |   |   |  |
| 43       |                        |      |                        |      | 93           |   |   |  |
| 44       |                        |      |                        |      | 94           |   |   |  |
| 45       |                        |      |                        |      | 95           |   |   |  |
| 46       |                        |      |                        |      | 96           |   |   |  |
| 47       |                        |      |                        |      | 97           |   |   |  |
| 48       |                        |      |                        |      | 98           |   |   |  |
| 49       |                        |      |                        |      | 99           |   |   |  |
| 50       |                        |      |                        |      | 100          |   |   |  |
| 51       |                        |      |                        |      | TOTAL IND.   |   |   |  |
| 52       |                        |      |                        |      | TOTAL DEP.   |   |   |  |
| 53       |                        |      |                        |      | TOTAL CLAIMS |   |   |  |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS